

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: The Housing Authority of the City of Osceola, Missouri

PHA Number: MO038001

PHA Fiscal Year Beginning : 07/2003

PHA Plan Contact Information:

Name: Deona L. Reed

Phone: 417-646-8019

TDD: 417-646-8019

Email (if available): oha@tri-lakes.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- X Main administrative office of the PHA
PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- X Main administrative office of the PHA
PHA development management offices
Main administrative office of the local, county or State government
Public library
PHA website
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- X Main business office of the PHA
PHA development management offices
Other (list below)

PHA Programs Administered :

Public Housing and Section 8 Section 8 Only X Public Housing Only

Annual PHA Plan
Fiscal Year 20 03
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment=sname(A,B,etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Contents	<u>Page#</u>
Annual Plan	
Table of Contents	
Executive Summary	
Annual Plan Information	
Description of Policy and Program Changes for the Upcoming Fiscal Year	3
Capital Improvement Needs	3
Demolition and Disposition	N/A
Homeownership: Voucher Homeownership Program	
Crime and Safety: PHDEP Plan	N/A
Other Information:	
Resident Advisory Board Consultation Process	5
Statement of Consistency with Consolidated Plan	N/A
Criteria for Substantial Deviations and Significant Amendments	N/A
Attachments	
X Attachment A: Supporting Documents Available for Review	
X Attachment B: Capital Fund Program Annual Statement	
X Attachment C: Capital Fund Program 5 Year Action Plan	
Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
X Attachment D: Resident Membership on PHA Board or Governing Body	
X Attachment E: Membership of Resident Advisory Board or Boards	
X Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
X Other (List below, providing each attachment name)	
Attachment: RASS Follow-Up Plan (not needed)	
Attachment H: Cooperative Agreement	
Attachment I: Results of Voluntary Conversion Required Initial Assessments	

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Osceola Public Housing Authority's 2003 Annual Plan is a document that serves a number of purposes. First, the Annual Plan gives evidence that all mandatory policies and procedures have been addressed and will be implemented by the start of Fiscal Year 2003.

Policies and procedures are largely based upon directives from the Department of Housing and Urban Development. These policies will give incentive to the younger residents to further their education and work to become self-sufficient. As the census grows, the income from wage earners grows also, thus putting the Authority in a position of housing those who have been homeless and on welfare and are now part of the workforce.

The elderly and disabled still are in the majority in the Authority. This is mainly due to the lack of employment opportunities in the area for the younger population. Our Seniors are our mainstay for the Resident Advisory Board and Resident's Association. We are picking up more families, and at times there is a waiting list to get an apartment.

The Annual Plan includes physical improvements to the 30+ year-old units that are needed to modernize, market, keep the units in good repair and comply with the Annual REAC Inspection.

We make every effort to keep an "open-door" policy with our residents and we are doing our best to keep all residents informed and satisfied.

The Board of Commissioners and Management still places its highest priority on customer satisfaction. Many times there are differing opinions as to how a problem should be addressed, however with continued communication our problems can be solved in a satisfactory way for everyone.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

2. Capital Improvement Needs

[24 CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 113,625

C. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C.

1437p)) in the plan Fiscal Year? (If A No @, skip to next component; if Ayes @, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition
3. Application status (select one) Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Home ownership Program

[24 CFR Part 903.79(k)]

A. Yes X No: Does the PHA plan to administer a Section 8 Home ownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24

CFR part 982? (If A No @, skip to next component; if A yes @, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum home owner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes ☐ No ☒ Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.79(r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

1. X Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (_____ File Name) F

3. In what manner did the PHA address those comments? (select all that apply)

X The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
X Yes No: below or
Yes/No: at the end of the RAB Comments in Attachment _____.

Suggestions were: Laundry Facility (especially dryers), Fire extinguishers in kitchens, light
over
kitchen sink, shelter house with picnic tables, more security lights or motion lights, more parking
needed, tri cycle or bike trail on playground, another trash dumpster, more benches at playground
area, trees trimmed (more than daily operation needed), back porch and trash receptacle area
Redone, siding on apartments, air -conditioner covers.

Considered comments, but determined that no changes to the PHA Plan were necessary. An
explanation of the PHA's consideration is included at the end of the RAB Comments in
Attachment F
Other: (List below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the
Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed
in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated
Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA
Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives
contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

PHA Requests for support from the Consolidated Plan Agency

Yes/No: Does the PHA request financial or other support from the State or local government
agency in order to meet the needs of its public housing residents or in inventory? If
yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions

and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

Amendment and Deviation Definitions

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

24 CFR Part 903.7(r)

A. Substantial Deviation from the 5 -year Plan:

B. Significant Amendment or Modification to the Annual Plan:

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the A Applicable & On Display @ column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which include the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rent to be offered each public housing development	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types	Annual Plan: Operations and Maintenance
X		Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing '504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS) or other resident services grant program reports	Annual Plan: Community Service &

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation:	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <u>check here if included in the public housing A&O Policy</u>	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Small PHA Plan Update Page 7
Table Library

AnnualStatement/PerformanceandEvaluationReport					
PHAName: HousingAuthorityoftheCit vofOsceola			GrantTvneandNumber MO16P0385 0101		FederalFYofGrant:
OriginalAnnualStatement		ReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno:) 2001			
XPerformanceandEvaluationReportforPeriodEnding: 04/04/2003FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	7388		0	0
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement	9000		9000	3511.18
10	1460DwellingStructures	77,867		77,867	42,837.76
11	1465.1DwellingEquipment Nonexpendable	28,000		28,000	20,651.06
12	1470Non -dwellingStructures				
13	1475 Non-dwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502C ontingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	122,255		122,255	67,000.00
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				

Annual Statement/Performance and Evaluation Report					
PHA Name: Housing Authority of the City of Osceola		Grant Title and Number MO16P0385 0101			Federal FY of Grant:
Original Annual Statement		Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)			2001
X Performance and Evaluation Report for Period Ending: 04/04/2003		Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAN ame: Housing Authority of the City of Osceola, Mo.		Grant Type and Number Capital Fund Program# MO16P03850101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2001		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
001	Operations	1406		7,388.00		7,388.00	0	
	Site Improvement	1450		9,000.00		9,000.00	3,511.18	In Progress
	Dwelling Structures Bedroom Ceiling Fans With Lights Dining Area Ceiling Fans With Lights Vanity Sinks and Medicine Cabinets Shower Surround and Plumbing Carpet 35 Units	1460		77,867.00		77,867.00	42,837.76	In Progress
	Dwelling Equipment 70 Gas Ranges	1465		28,000.00		28,000.00	20,651.06	In Progress

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report					
PHA Name: Housing Authority of the City of Osceola			Grant Title and Number MO16P03850102		Federal FY of Grant:
Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)				2002	
X Performance and Evaluation Report for Period Ending: 4/04/03			Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	88,388	79,758	0	0
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment Nonexpendable				
12	1470 Non - dwelling Structures	33,867		0	0
13	1475 Non - dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	122,255	113,625		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName: Housing Authority of the City of Osceola, Mo.		Grant Type and Number Capital Fund Program# MO16P03850102 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2002		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
001	Repair Park Benches	1450		\$4,388	0	0	0	
	Replace Fence on South Side	1450		\$4,000		0	0	In Progress
	Sidewalk Repairs - Ramp to Each Porch	1450		\$80,000	\$75,758	0	0	In Progress
	Community Room North Wall – Energy Efficient	1470		\$33,867		0	0	In Progress

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (C Part III: Implementation Schedule		FP/CFPRHF)
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Annual Statement/Performance and Evaluation Report					
PHA Name: Housing Authority of the City of Osceola			Grant Title and Number MO16P03850103		Federal FY of Grant:
xOriginal Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)2003 Performance and Evaluation Report for Period Ending: 4/04/04 Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFPA Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	9,867	0	0	0
10	1460 Dwelling Structures	90,000	80,000	0	0
11	1465.1 Dwelling Equipment Nonexpendable				
12	1470 Non - dwelling Structures				
13	1475 Non - dwelling Equipment	22,388	22,263	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	122,255	102,263		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Housing Authority of the City of Osceola, Mo.		Grant Type and Number Capital Fund Program # MO16P03850103 Capital Fund Program Replacement Housing Factor or #:				Federal FY of Grant: 2003		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
001	Playground Improvements	1450		9,867	0	0	0	
	New Kitchen Cabinets and Floor Tile	1460		90,000	80,000	0	0	In Progress
	Maintenance Truck 4x4 With Tommy Lift (Good Used Model)	1475		22,388	22,263	0	0	In Progress
						0	0	In Progress

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA -wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 -YearActionPlan			
X Originalstatement		Revisedstatement	
Development Number	DevelopmentName (orindicatePHAwide)		
MO038001	HousingAuthorityoftheCityofOsceola,Missouri		
DescriptionofNeededPhysical ImprovementsorManagement Improvements		EstimatedCost	PlannedStartDate (HAFiscalYear)
1406Operations		11,574	2002-2007
1450SiteImprovements		189,758	2002-2007
1460DwellingStructures		205,000	2002-2005
1465.1DwellingEquipmentNon -Expendable		20,000	2007
1470Non -DwellingStructures		118,630	2002-2006
1475Non -DwellingEquipment		59,526	2003-2007
1430FeesandCosts		20,452	2003-2007
Totalestimatedcostovernext5years		624,940	

CFP 5 -YearActionPlan			
X Originalstatement		Revisedstatement	
Development Number	DevelopmentName (orindicatePHAwide)		
MO038001	HousingAuthorityoftheCityofOsceola,Missouri		
DescriptionofNeededPhysicalImprovementso rManagement Improvements		EstimatedCost	PlannedStartDate (HAFiscalYear)
1406Operations		7,388	2001
1450Playground&BasketballGoals		9,000	2001
1460BedroomCeilingFansWithLights0’s&1’s		5,000	2001
1460DiningRoomCeilingFansWithLights2’s&3’s		10,000	2001
1460VanitySinks&MedicineCabinets65Units		25,000	2001
1460ShowerSurround&Plumbing65Units		20,367	2001
1460Carpet35Units0’s&1’s		17,500	2001
1465.170GasRangesandElectricEelDrainAuger		28,000	2001
Totalestimatedcostovernext5years		122,255	

CFP5 -YearActionPlan			
X Originalstatement		Revisedstatement	
Development Number	DevelopmentName (orindicatePHAwide)		
MO038001	HousingAuthorityofthe CityofOsceola,Missouri		
DescriptionofNeededPhysicalImprovementsorManagement Improvements		EstimatedCost	PlannedStartDate (HAFiscalYear)
1450ReplaceFenceonSouthSide		4,000	2002
1450SidewalkRepairs –RampstoEachPorch		75,758	2002
1470 CommunityroomNorthWall –EnergyEfficient		33,867	2002
Totalestimatedcostovernext5years		113,625	

CFP5 -Year Action Plan		
X Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
MO38001	Housing Authority of the City of Osceola, Missouri	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1460 New Kitchen Cabinets and Floor Tile	80,000	2003
1475 Maintenance Truck 4x4 With Tommy Lift (Good Used Model)	22,263	2003
Total estimated cost over next 5 years	102,263	

CFP5 -Year Action Plan		
X Original statement		Revised statement
Development Number	Development Name (or indicate PHA wide)	
MO038001	Housing Authority of the City of Osceola, Missouri	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
1460 Kitchen Cabinets & Floors 34 Units		80,000
1470 Remodel Offices		22,263
Desk - Carpeting - Window Treatment		
Total estimated cost over next 5 years		102,263

CFP5 -Year Action Plan		
X Original statement		Revised statement
Development Number	Development Name (or indicate PHA wide)	
MO038001	Housing Authority of the City of Osceola, Missouri	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1460 Replace 150 Storm Doors	45,000	2005
1470 Replace Heating & Cooling System Community Building	40,000	2005
1475 Replace Two Lawn Tractors	17,263	2005
Totalestimated cost over next 5 years		102,263

CFP5 -Year Action Plan		
X Original statement Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MO038001	Housing Authority of the City of Osceola, Missouri	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
1406 Operations		9,537
1430 Fees & Cost		10,226
1450 Site Improvement		
Trees Trimmed, Parking Lots, and Street Repair		40,000
1470 Non - Dwelling Structures		22,500
Siding on Garage		
Siding on Community Building		
Siding on Apartment Buildings and above Windows		20,000
1475 Replace Maintenance Truck		
Total estimated cost over next 5 years		102,263

CFP5 -Year Action Plan		
X Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
MO038001	Housing Authority of the City of Osceola, Missouri	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1406 Operations	2037	2007
1430 Fees & Cost	10,226	2007
1450 Site Improvements		
(Parking Lots, Tree Trimming, and Street Repairs)	70,000	2007
1465 Replace Hot Water Heaters	20,000	2007
Total estimated cost over next 5 years	102,263	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an Ax@) **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an Ax@ to indicate the length of program by # of months. For
A Other @, identify the # of months).

12Months _____ 18Months _____ 24Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "X" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD -approved extensions or waivers. For grant extensions received, place AGE@ in column or AW@ for waivers.

FY1999						
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Section 2: PHDEP Plan Goal and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

9110B Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 -Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 -Gun Buyback TAMatch					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHDEP	Other Funding	Performance Indicators

	Persons Served	Population	Date	Complete Date	Funding	(Amount/Source)	
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130B Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators

1.							
2.							
3.							

9140B Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9160 -Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9170 -Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9180 -Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

HUD50075

OMB Approval No: 2577 -0226

Expires: 03/31/2002

Required Attachment D : Resident Member on the PHA Governing Board

1. Yes X No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board:

How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

X the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

X Other (explain) : In the past the Mayor did not appoint a resident to the board. We have a former resident on the Board. Director asked the Resident Advisory Board Members if they would be interested in serving on the board. No one was interested. Director has not been contacted by any resident who is interested in serving on the board.

B. Date of next term expiration of a governing board member: 08/22/2003

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Ron Booker

Mayor, City of Osceola

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Esther Vanderslice

Lesly Self

Mary Harris

George Fisher

Wilma Faletti

John Boswell

Joyce Thorpe

Attachment F: Comments of Resident Advisory Board & PHA Response

The Resident Advisory Board (RAB) met two times. The first time was to advise them on the necessity of a RAB and their responsibility to help the management with the Annual Plan. The RAB presented some suggestions for

Improvements, such as a laundry facility or dryers, more security lighting or motion lights, fire extinguishers for kitchen, light over kitchen sinks, redo back porch - trash receptacle area, air - conditioner covers, shelter house with picnic tables, more parking needed, tri - cycle or bike trail on playground, another trash dumpster, more benches at playground area, trees trimmed (more than in daily operation), siding on apartments where not brick, air - conditioner covers.

Present: Esther Vanderslice, Joyce Thorpe, Wilma Faletti, and John Boswell.

At the second meeting the RAB reviewed some suggestions for improvements and reviewed the plan update draft. There were no new suggestions presented. Everyone was in agreement for what is included in the plan, depending on what our funding allows us.

Present: George Fisher, Wilma Faletti, and John Boswell

REQUIRED ATTACHMENT I: RESULTS OF VOLUNTARY CONVERSION
REQUIRED INITIAL ASSESSMENTS

October 18, 2001

Osceola Housing Authority #MO038

Re: Voluntary Conversion

The Osceola Housing Authority certified that it has:

1. Reviewed our development operation as public housing
2. Considered implications of converting the PHA development to tenant based assessment
3. We're under 100 apartments

The Osceola Housing Authority has concluded that the conversion of MO038 may be inappropriate because removal of this development would not meet the necessary conditions for voluntary conversion as outlined in 24 CFR part 972.200 subpart (b)(c)

The Osceola Housing Authority has retained its assessment documentations with respect to the required initial assessment development and shall submit the appropriate assessment template as part of its FY2002 annual plan.

The Osceola Housing Authority have found based on our initial assessment that it's inappropriate to convert to the PHA's housing unit to tenant based assistance because:

1. More expensive to operate
2. Will not benefit to convert to tenant based for residence
3. Conversion to tenant based housing will adversely affect the housing due to fewer apartment stores
4. Based on cost evaluation analysis the PHA will have to reduce the number of units if we elect to go tenant based

Component 10(B) Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments? (1) One

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? (0) None

c. How many Assessments were conducted for the PHA's covered developments? (1) One

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. Not Applicable

Development Name Number of Units
Osceola Housing Authority 75

Development Number	Development Name	Development Exempted	Exemption Reason	Conversion Appropriate?
MO038	Osceola Housing Authority	No	N/A	No

Calculation

Assumes 100% FMR (Family Market Rent) for rent

1 bedroom x how many 1's we have x FMR =

Ceiling Rent \$0.00	0 bedroom units 19 x 150.00 = \$285.00
	1 bedroom units 20 x 233.00 = \$4,660.00
	2 bedroom units 26 x 276.00 = \$7,176.00
	3 bedroom units 10 x 290.00 = \$2,900.00

Total 75 \$17,586.00

10 Vacancies at this time

Administrative Fees \$52,804.34

Administrative Salaries \$42,760.00

Capital Fund \$119,867

Rental Income for last Year \$79,514.00 Revenues \$102,012.07

Total Operating cost \$292,532.68 Operating Expense \$292,532.68

Modernization Cost - 119,867.00 Comparing Revenues Versus Operations \$190,520.61

Net Loss of \$172,665 .68